

**POLICE AND FIREMEN'S RETIREMENT SYSTEM
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
ENROLLMENT APPLICATION**

(Read the accompanying instructions carefully before completing this application.)

For Division Use Only: LOCATION NO.: _____ MEMBERSHIP NO.: _____

PART I: *(Please Print or Type)*

1. Name: _____
Last First (No nicknames) Middle Maiden Surname

2. Address: _____
Street

City State Zip Code

3. Social Security Number: _____

4. Sex: ☐ Male ☐ Female

5. Date of Birth: ____/____/____
Mo. Day Yr.

6a. Are you a former member of the retirement system? ☐ Yes ☐ No

6b. Enter any other name(s) used during previous membership(s): _____

7a. Enter the name of any public retirement system in which you are or have been a member in this or any other state.

7b. Are you receiving benefits from any retirement system at this time? ☐ Yes ☐ No

PART II: DATE OF ENROLLMENT

You must enroll as of your regular or permanent appointment date. You may purchase all temporary service on a retroactive basis requiring additional deductions. If you wish to purchase your temporary service at a later date, you **must** do so within one year of the date your pension deductions were certified to begin. For other information regarding purchase, refer to the instructions for Part II.

Complete Part II of the application by checking the appropriate box.

☐ I wish to enroll as of my regular or permanent appointment date and request a cost quotation to purchase my temporary service on a retroactive basis requiring additional deductions.

☐ I wish to enroll as of my regular appointment date. I **do not** wish to purchase my temporary service.

IMPORTANT: IF YOU DO NOT COMPLETE PART II OF THE APPLICATION, YOU WILL BE ENROLLED AS OF YOUR COMPULSORY ENROLLMENT DATE.

PART III: DESIGNATION OF BENEFICIARY—It is important to name BOTH the primary and contingent beneficiaries for benefits payable if death occurs prior to retirement while a member of the retirement system. Such benefits may include: (1) group life insurance; and (2) the accumulated deductions credited to your account in the retirement system.

Read the accompanying instructions carefully before completing your designation of beneficiary. It is important to note that your group life insurance coverage is not effective until your date of enrollment in the system.

GROUP LIFE INSURANCE AND RETURN OF ACCUMULATED DEDUCTIONS

List your primary and contingent beneficiaries in the space provided. Use full given names and list all females by their given names. See additional instructions.

PRIMARY BENEFICIARY *(No nicknames)*

FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE

CONTINGENT BENEFICIARY *(No nicknames)*

FULL NAME OF BENEFICIARY	RELATIONSHIP	ADDRESS	BIRTHDATE

NOTE: If you wish to name multiple beneficiaries to share equally, their names must appear in the same category. This form provides for “Lump Sum” settlement. If a different method of payment is desired for the Life Insurance, please notify the Division of Pensions and Benefits and the proper forms will be mailed.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Signature must appear same as in Part I)

PART IV: CERTIFICATION OF EMPLOYING AGENCY *(To be completed by your employer.)*

1a. Name of Employer _____

b. County _____

2a. Location Number _____ b. Bureau Number _____

c. Payroll Number (State Employees Only) _____

3. Payroll Title of Applicant _____

4. Is the individual still considered a temporary (provisional) employee? ☐ Yes ☐ No

5a. Date Employment Began: ____/____/____ Mo. Day Yr. b. Regular or Permanent Appointment Date: ____/____/____ Mo. Day Yr.

6. Current Base Annual Salary Only \$_____ (No hourly or per diem rates)

7. I have reviewed this application and it is correct.

Signature of Certifying Officer (No Stamped Signatures)

Date